



A handwritten signature in black ink, appearing to read "J. Weathered".

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on 6/16/05.

Joseph Weathered

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : NAKAO, Naomi, L.
APPLICATION NO. : 10/687,401
DATE FILED : 10-16-2003
FOR : ENDOSCOPE HAVING MULTIPLE WORKING SEGMENTS
GROUP ART UNIT : 3739

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEET

SIR:

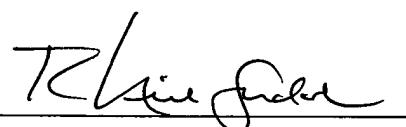
Enclosed herewith please find a Supplemental Application Data Sheet which includes changes to the Initial Application Data Sheet previously entered in the above-identified application. More specifically, information regarding the assignee of the above-identified application has been added. Please enter the enclosed Supplemental Application Data Sheet in the application.

Please credit any overpayment or charge any additional fees due in connection with this communication to Deposit Account No. 04-0838. A copy of this Submission is enclosed herewith for deposit account charging purposes.

Respectfully submitted,

COLEMAN SUDOL SAPONE, P.C.

By:


R. Neil Sudol
Reg. No. 31,669

Dated: June 16, 2005

714 Colorado Avenue
Bridgeport, CT 06605-1601
(203) 366-3560



Supplemental Application Data Sheet

Application Information

Application Number:: 10/687,401
Filing Date:: 10/16/2003
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Title:: ENDOSCOPE HAVING MULTIPLE WORKING SEGMENTS
Attorney Docket Number:: G30-011
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 9
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Naomi

Middle Name:: L.

Family Name:: NAKAO

City of Residence:: New York

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 313 East 57th Street, Apt. 36, 37C

City of mailing address:: New York

State or Province of mailing address:: NY

Country of mailing address:: US

Postal or Zip Code of mailing address:: 10022

Correspondence Information

Name: R. Neil Sudol

Street of mailing address:: 714 Colorado Avenue

City of mailing address:: Bridgeport

State or Province of mailing address:: Connecticut

Country of mailing address:: US

Postal or Zip Code of mailing address:: 06605-1601

Phone number:: (203) 366-3560

Fax Number:: (203) 335-6899

E-Mail address:: rnspatent@gis.net

Representative Information

Representative Customer Number::	28156	
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Assignment Information

Assignee name:: **GRANIT MEDICAL INNOVATION LLC**

Street of mailing address:: **992 Fifth Avenue**

City of mailing address:: **New York**

State or Province of mailing address:: **NY**

Country of mailing address:: **US**

Postal or Zip Code of mailing address:: **10028**